British Columbia's H1N1 Pandemic Influenza Response Plan (2009)

Seasonal Influenza Immunization Program

November 6, 2009

SEASONAL INFLUENZA IMMUNIZATION

As a result of national level discussions about the complexities of concurrently running two influenza vaccine programs, the possibility of novel 2009 pandemic H1N1 (pH1N1) influenza infections replacing the usual predominance of H3N2 infections, and the potential interaction between seasonal vaccine receipt and pH1N1 infection, the following decisions have been made in B.C.:

- Vaccination against seasonal influenza using the trivalent product (contains the three strains of influenza virus: A/Brisbane/59/2007(H1N1), A/Brisbane/10/2007(H3N2) and B/Brisbane/60/2008):
    - Began in mid-October for those aged 65 years and older and residents of long-term care facilities;
    - For others at higher risk of influenza complications, the seasonal vaccine may be offered concurrently with or following administration of the pH1N1 vaccine.
- Given patterns of activity over recent years in the northern hemisphere, and more recently in the southern hemisphere this past season, it is considered unlikely that seasonal influenza H3N2 strains will play a major role in influenza illness early in the 2009-2010 season.
- B.C. made a decision to delay the usual broader offering of seasonal influenza vaccination to strike the best balance of benefits, risks and logistics while the focus is on preventing pandemic pH1N1 illness.
- We are also aware of research findings related to six Canadian studies suggesting that prior receipt of seasonal vaccine was associated with moderately increased likelihood of pH1N1 illness (odds ratio approximately 2) during the spring/summer 2009 in Canada. Although this association has not been found in other countries, and results of the studies are awaiting publication, expert opinion has been to take the results into consideration pending more definitive knowledge and this has also informed decisions. Should patients under the age of 65 request seasonal influenza vaccine prior to receipt of pH1N1 vaccine, they should also be informed of this so they can make an informed decision.

Now that pH1N1 vaccine is available, albeit in quantities that require sequencing of recipients according to priority groups by risk, it may be co-administered with seasonal influenza vaccine. Workplace-based seasonal immunization programs could be scheduled to plan for co-administration of both vaccines once adequate quantities of pH1N1 vaccine are available. This is expected to occur by end November or early December. Seasonal vaccine may be provided at the same time or after pH1N1 vaccine has been given.

For further details, see the National Advisory Committee on Immunization Statement on Trivalent Influenza Vaccine for the 2009-10 Season.